



Beta Alpha Psi - New Supplier Request Form

bap@bapeo.org

9009 Town Center Parkway Lakewood Ranch, FL 34202

919.402.4044

Please fill out form in its entirety and email to bap@bapeo.org. Incomplete forms will be returned.

Full Legal Name _____

DBA (if applicable) _____

Primary Industry _____

Dun & Bradstreet (if applicable) _____

TIN or Social Security Number _____

Physical Address _____

Remittance Address _____

(if different than Physical) _____

Customer Service Contact Name _____

Customer Service Email _____

Customer Service Phone _____

Existing Supplier Yes No

Publicly Traded Yes No

Diverse Supplier Yes No

If yes is checked, specify below. Defined as at least 51% ownership in one of the classes listed:

Ethnic Minority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Women	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veteran	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disabled Veteran	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Beta Alpha Psi standard terms are Net/30.

Beta Alpha Psi accepts payments via ACH direct deposit or by check.

Supplier will pay by check
ACH Payment information

I hereby authorize Beta Alpha Psi to receive deposits from my account via the financial institution named below. Further, I agree not to hold Beta Alpha Psi responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Beta Alpha Psi receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. Check copy, deposit slip or bank letter for account confirmation required.

Submit invoices to bap@bapeo.org

Name of Financial Institution _____

Name on Account _____

Routing Number _____

Account Number _____

Type of Account _____ Savings _____

Authorized Signature _____ Date _____

Payment notification E-mail _____

REQUIRED FORMS

W-9/W-8

Copy of Cancelled/Voided Check, Deposit slip or Bank Letter for bank account verification